	PATENT		tive O	ORL	10770406										
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS				155						RATE	FEE.	7	RATE	FEE	
FOR				NUMBER FILED			NUMBER EXTRA		1	BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TO	TOTAL CHARGEABLE CLAIMS				_>9 minus 20=			. 19		XS 9=		OR	X\$18=	342	
INDEPENDENT CLAIMS				minus 3 =			. 8		1	X43=	-		X86=	30	
MR	JLTIPLE DEPE	RESENT				2	1			OR					
* If the difference in column 1 is less than zero, enter *0" in column							~hima 2	J	+145=		OR	+290=	290		
·									TOTAL		OR	TOTAL	1404		
	CLAIMS AS AMENDED - PART II								<u> </u>	SMALL	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENIX		MIĞHE NUMB PREVIOI PAID F		BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENOMENT	Total	. [2	Minus	-3		34	-6		÷co-		OR	Xers-	300	
AME	Independent	· V	, OF M	Minus	DEDEND		CI AIRA	<u> = 351</u>	1	X43=		OR	2002	20D	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ا ا	+145=		OR	+290=		
								•		TOTAL		OR	TOTAL ADDIT, FEE	700	
	200	(Colum				olun		(Column 3)							
AMENDMENT B		CLAI REMAI AFTI AMEND	NING ER		. PR	HIGHE NUMB REVIO PAID F	BER HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 4	<u> </u>	Minus	4	₹ Ş		•] [X\$ 9=		OR	X\$18=	6	
	Independent	• 4	OF MU	Minus	DEDENIO		· ·	· .	11	X43≖-	•	OR	X86≃	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=		OR	+290= <i>(</i>	0.	
										TOTAL DDIT. FEE		OR	TOTAL NODIT, FEE	Q	
	11 11	(Colum				olum	7.0	(Column 3)				_		•	
3 1	12/107	REMAIN AFTE AMENDI	VING R	: : !	PRI	NUMB EVIOL AID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	• 4	2	Minus		4	5	- /		X\$ 9=		OR	X\$18=		
	Independent	• 4	1	Minus	***		1	-/		X43=	4	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=		OR	+290=		
~ 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									TOTAL DDIT, FEE		VB T	TOTAL		
1	the "Highest Num he "Highest Num	mber Previou iber Previou	susty Paid stly Paid	d For IN For (Ta	THIS SPACE	CE is i	less than n) is the l	3, enter "3." highest numbe			r priate box	_			

Application or Docket Number